

040104  
02570 U.S.PTO

MAYER, BROWN ROWE & MAW LLP  
 190 South LaSalle Street  
 Chicago, Illinois 60603-3441  
 (312) 782-0600

Direct Dial System: (312) 701-8593  
 Telefax: (312) 701-7711

Mail Stop: Patent Application  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

PATENT  
 Attorney Docket No.: 04265352

CERTIFICATE OF MAILING BY "EXPRESS MAIL"  
 "EXPRESS MAIL" mailing label No. EL 989704555 US  
 Date of Deposit: March 1, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR § 1.10 on the date indicated above and is addressed to:

Mail Stop: Patent Application  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

By Rebecca Castro



Signature of Person Mailing Papers

Transmitted herewith for filing in the U.S. Patent and Trademark Office is the patent application of inventor Marcus Braun, of Stuttgart-Vaihingen, Germany, entitled Surgical Instrument. This application claims priority from German Application No. 103 14 828.0, dated April 1, 2003.

Enclosed are:

1. [X] 19 text pages of specification, including 14 claims, and an Abstract.
2. [X] Drawings - 5 sheets, including Figures 1, 2, 3, 4, 5, and 6a-c.
3. [X] An unexecuted Declaration and Power of Attorney.
4. [X] The filing fee is calculated on the basis of the claims existing in the application at 1 above.

Claims as Filed, Less Any Claims Canceled by Amendment							
	(Col. 1)	(Col. 2)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE	XXXXXXX	XXXXXXX	XXXX	\$385	or	XXXX	\$ 770.00
TOTAL CLAIMS	14 - 20 =	0	x9=	\$ 0	or	x18=	\$ -
INDEP CLAIMS	1 - 3 =	0	x43=	\$ 0	or	x86=	\$ -
[ ] MULTIPLE DEPENDENT CLAIM PRESENTED			+145=	\$ 0	or	+290=	\$ -
If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			<b>TOTAL</b>	\$ 0		<b>TOTAL</b>	\$ 770.00

5. [X] A check in the amount of \$770.00 to cover the filing fee for this application. If there are any additional fees due in connection with the filing of this application, please charge the additional fees to our Deposit Account No. 13-0019.
6. [X] A Return Postcard for the PTO to acknowledge receipt of this filing.

17510 U.S.PTO  
10/815394  
040104

7.  The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to deposit Account No. 13-0019. A duplicate copy of this sheet is attached.

Any patent application processing fees under 37 CFR §§1.16 or 1.17.

The issue fee set in 37 CFR §1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR § 1.311(b).

Please address all telephone calls to David M. Thimmig at telephone number (312) 701-8593 and address all correspondence to:

David M. Thimmig  
MAYER, BROWN, ROWE & MAW LLP  
P.O. Box 2828  
Chicago, Illinois 60690-2828

Respectfully submitted,

  
\_\_\_\_\_  
David M. Thimmig, Reg. No. 36,034

APRIL 1,  
Dated: ~~March 31, 2004~~  
P. O. BOX 2828  
CHICAGO, ILLINOIS 60690-2828  
(312) 701-8593